



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6320.85
BUMED-311
2 Oct 97

BUMED INSTRUCTION 6320.85

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations

Subj: MEDICAL COGNIZANCE OF NAVY AND MARINE CORPS PATIENTS IN
NONNAVAL HEALTH CARE FACILITIES

Ref: (a) BUMEDINST 6320.72
(b) OPNAV P09B2-105, Standard Navy Distribution List
(c) MCO 6320.2D (NOTAL)
(d) MCO 6320.3C (NOTAL)
(e) MILPERSMAN
(f) MCO P3040.4D (NOTAL)
(g) Officer Transfer Manual, NAVPERS 15559 (chapter 16)
(h) Enlisted Transfer Manual, NAVPERS 15909D (chapter 19)
(i) SECNAVINST 1850.4C (NOTAL)
(j) MANMED, chapter 18
(k) NAVMEDCOMINST 6320.12
(l) SECNAVINST 5214.2B (NOTAL)

Encl: (1) Format for Reporting Hospitalized Members
(2) Format for Updating Reports on Hospitalized Members

1. Purpose. To establish policies and procedures for the assignment and performance of medical cognizance and liaison functions for active duty Navy and Marine Corps members (hereafter referred to as "members") hospitalized in nonnaval medical treatment facilities (MTFs).

2. Background

a. Nonnaval MTFs include civilian hospitals and rehabilitation centers; Department of Veterans Affairs (DVA) medical centers and clinics; and Army, Air Force, and North Atlantic Treaty Organization (NATO) treatment facilities and clinics. Reference (a) outlines procedures for identifying, tracking, and paying claims for active duty Navy and Marine Corps members hospitalized in nonnaval treatment facilities. Chapter VIII of reference (a) provides specific guidance for medical cognizance over and liaison with these patients and their families. Because it is so critical these Sailors and Marines are closely monitored to ensure their needs are met and assistance is provided to their families as needed, this instruction provides specific guidance and direction.

b. The Nonnaval Health Care Program is under the direct management of the Officer in Charge, Naval Office of Medical and Dental Affairs, P.O. Box 886999, Great Lakes, IL 60088-6999 (MEDDEN Affairs). Consult MEDDEN Affairs for assistance required in tracking and monitoring of patients covered by this

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instruction. Additionally, assistance can be obtained from the Patient Administration Branch, Operations Division, Bureau of Medicine and Surgery (BUMED) (MED-311) by calling (202) 762-3147 or DSN 762-3147. After hours, telephone the BUMED information desk at (202) 762-3211 or DSN 762-3211.

3. Medical Cognizance

a. MEDDEN Affairs coordinates, tracks, and assigns medical cognizance for Navy and Marine Corps members with nonnaval hospitalizations in the Continental United States (CONUS), Alaska, Canada, and Mexico.

b. In foreign countries, medical liaison shall pass from the first notified U.S. representative to the nearest naval medical department representative, or to one of the MTFs listed in appendix E of reference (a). MEDDEN Affairs or BUMED (MED-311) are always available for assistance.

c. Any military command, including a naval MTF who first learns of the nonnaval hospitalization of an active duty Navy or Marine Corps member shall contact MEDDEN Affairs at 1-800-867-1131 to report the hospitalization. Use enclosure (1) as a worksheet to obtain and then pass information to MEDDEN Affairs about the hospitalization. This worksheet serves as a template for initial message notification as described below.

d. After notification of the hospitalization, MEDDEN Affairs assigns medical cognizance ("med cog") to the nearest naval hospital or naval medical center. This assignment is generally made by telephone.

e. Responsibilities of the MTF with medical cognizance are fully described in this instruction but generally entail the reporting, monitoring, and dispositioning of members from nonnaval MTFs. Monitoring is most critical and involves frequent status checks to ensure the needs of members and their families are being met.

f. In many cases, an MTF is assigned medical cognizance over a member in a hospital geographically out of the area of the MTF. When this occurs, the MTF must enlist the assistance of a nearby Navy and Marine Reserve Center or Inspector/Instructor (I-I) staff as medical liaison (secondary cognizance) to visit the patient and relay pertinent information to the MTF. Consult reference (b) for the location nearest the patient. Any MTF that is assigned medical cognizance responsibilities and has difficulty in obtaining the support and assistance required from a Navy or Marine Corps unit close to the member should contact the Bureau of Naval Personnel (BUPERS) (PERS-621) at (703) 693-0801/0800/0755/0756 or DSN 223-0801/0800/0755/0756 or Headquarters, U.S. Marine Corps (HQMC) (MHP-10) at (703) 696-2069 or DSN 426-2069. References (c) and (d) delineate specific

responsibilities for visiting and administratively attending to hospitalized Marines.

4. Admission. When an active duty Navy or Marine Corps member is hospitalized in a nonnaval health care facility anywhere in the world, official notification of hospitalization is required. Notify MEDDEN Affairs at 1-800-876-1131 for those admitted inside CONUS, Alaska, Canada, and Mexico. Active duty Navy and Marine Corps members have the primary responsibility, if medically able, to notify the nearest military authority and request their command be notified of their admission to a nonnaval health care facility. The member may also call MEDDEN Affairs at 1-800-876-1131. Any military command that learns of the hospitalization shall call MEDDEN Affairs to report. Reporting requirements include:

a. Contact Points. Contact the parent command, MEDDEN Affairs, or the nearest naval facility by telephone. Naval military authorities notified of hospitalization of a member in a civilian medical facility will notify MEDDEN Affairs or the nearest naval MTF of the admission. For outside the Continental United States (OCONUS), contact the nearest U.S. Embassy, Consulate, or military installation. Appendix E of reference (a) lists Navy MTF points of contact located in foreign countries.

b. Casualty Reports. A casualty report is required for any Navy or Marine Corps member who sustains illness, injury, wounds of a serious nature, or dies. This includes any member who is diagnosed terminally ill, seriously ill or injured, or very seriously ill or injured. Casualty reports are prepared per article 4210100 of reference (e) or, in the case of Marines, reference (f). When such a member is admitted to a nonnaval MTF, the commander, commanding officer, or immediate superior in command of the member who suffers the casualty shall prepare the report. If the casualty occurs to a member while away from his or her command, the local naval activity apprised of the circumstances shall verify the casualty and send a message to the member's command (including addressees listed in references (e) and (f)) completing all the items they are able to complete and request the member's command make a complete report. If the member's command is not known, the naval activity learning of the hospitalization will inform BUPERS, PERS-621 at (703) 693-0801/0800/0755/0756 or DSN 223-0801/0800/0755/0756, MEDDEN Affairs at 1-800-368-3202, or Headquarters Marine Corps (MHP-10) at (703) 696-2069 or DSN 426-2069 and request assistance. If the member is first hospitalized in a Navy MTF and subsequently transferred to a nonnaval MTF, the transferring MTF will submit the terminally, seriously, or very seriously ill or injured report. The MTF with medical cognizance will submit the terminally, seriously, or very seriously ill or injured report on any member in a nonnaval medical treatment facility if the member is so declared by the attending physician.

c. The MTF with medical cognizance shall make an initial report of the nonnaval hospitalization to MEDDEN Affairs, using enclosure (1). Be sure to include on all messages the member's parent command (include both the gaining and the losing commands for members on permanent change of station (PCS) orders).

d. Any command reporting a casualty or a nonnaval hospitalization should indicate on the message whether or not the attending physician has determined the presence of the next-of-kin (NOK) is medically warranted. In such cases, the NOK may be entitled to funding of or reimbursement for travel to the bedside through a fund administered by BUPERS or the Commandant of the Marine Corps (CMC). Contact BUPERS at (703) 614-2926/2932 or DSN 224-2926/2932 or CMC at (703) 696-2069 or DSN 426-2069, if additional information or assistance for the family is needed.

5. Responsibilities During the Hospitalization

a. Reporting. The MTF with medical cognizance of the hospitalized member makes a weekly report, using enclosure (2), to update the status, condition, and plan for the member. Report of the admission should request the parent command forward temporary duty (TEM DU), temporary additional duty (TAD), or continuation of treatment (CONTREAT) orders to the cognizant MTF per references (g) and (h). If TEM DU orders are requested, also request service, pay, medical, and dental records.

b. General Guidance. The ultimate goal in most cases for members hospitalized in a civilian hospital is the movement of those members to military MTFs or Veterans Affairs Medical Centers (VAMCs). Navy and Marine Corps patients may be hospitalized in VAMCs and Army or Air Force MTFs due to sharing agreements or memoranda of understanding. In these cases, it may not be necessary or desirable to move the patient to a Navy MTF. In any of these cases, however, the responsibility remains with the Navy to ensure the member's treatment course is tracked and personal needs of the members or families that cannot be met by the staff of the treatment facility be met by the MTF with medical cognizance.

c. Monitoring

(1) MTFs with medical cognizance, in conjunction with medical liaison personnel, shall assist each member with sensitivity and dedication because they are usually the only link between the members, their families, and their commands. An inpatient admission can be a traumatic experience and liaison personnel need to do everything possible to assist in returning the member to full military control, at the earliest possible time, and to assist members and families with any needs or concerns they may have.

(2) Daily checks shall be made as long as the patient is unstable. Once the patient is stable, MTFs should conduct at least weekly status checks on the patient's progress with the hospital. Daily checks shall be made as long as the patient is unstable. Contact the medical liaison (secondary cognizance) at least weekly to learn the results of visits with patients and families and to assist in resolution of any problems voiced by the patient or family members.

(3) Cognizant MTF and medical liaison personnel shall assist members or families with any administrative needs they may have, such as securing personal belongings from previous command, remedying pay problems, etc.

(4) If the members or families raise questions or concerns regarding the clinical course of treatment or the quality of medical care, enlist the assistance of a military medical officer at the MTF to speak with the attending physician and attempt to resolve concerns. It may become necessary for a member of the military medical staff to actually visit the hospital to investigate significant medical care concerns. While this should be a last resort, care must be taken to assure members and families of the continuing monitoring, concern, and presence of Navy Medicine in their course of treatment, and Navy Medicine's determination to see they receive only the highest quality medical care.

d. Visitation and Medical Liaison (Secondary Medical Cognizance) Responsibilities. The medical liaison is responsible for visiting the patient in the hospital at least weekly and reporting to the MTF having primary medical cognizance information obtained as a result of visits. When feasible, the medical liaison should be an E7 or above. Medical liaison responsibilities include:

(1) Visiting the patient within 24 hours of admission (or within 24 hours of being assigned as medical liaison) and at least weekly thereafter.

(2) Providing assistance to patients with administrative or personal matters, as needed, including pay discrepancies.

(3) Providing assistance to family members present in addressing any concerns or questions they have about the treatment and potential disposition. It is recognized that individuals assigned as medical liaison may not have a medical background. If the patient or family members express concern with medical care the patient is receiving at the hospital, encourage the patient or family members to discuss these concerns with the attending medical staff, if they have not already done so. Report their concerns to the naval MTF with primary medical cognizance.

(4) Asking patients if they desire family members to be apprised of their status and progress and if they will permit discussion of their case with family members. Report this information to the primary medical cognizant MTF.

e. Assessing Need for Medical Board

(1) Reference (i) requires members who sustain illness or injury which is likely to prohibit their return to full duty within a reasonable amount of time (12-18 months) to be reported on by a medical board within 60 days of such a determination being made. Forward the board to the Physical Evaluation Board (PEB) for fitness for duty determination and disability rating. Reference (j) describes procedures for completing medical boards.

(2) Exceptions to the 60-day rule should be discussed with BUMED (MED-311) on a case-by-case basis. It is understandable that members and families stressed by potentially career-ending traumatic illness or injury may resist any attempt to retire or separate the member from the Service. They may perceive this as abandonment by the Service or indication the Service has "written off" the member's chances for recovery. Such patients and families shall be allowed additional time to consider and make decisions relative to medical board action. It is helpful to provide the members and families with as much information as possible regarding benefits after retirement or separation. Involve DVA disability benefits counselors early to reassure the family the DVA picks up where the Services leave off in taking care of member's and family's needs.

(3) When a Line of Duty Determination (LODD) is indicated, the cognizant MTF coordinates with the patient's command to expedite the completion of the LODD in a timely manner. This is a critical component, when required, of the medical board package and shall be forwarded with the medical board to the PEB.

(4) Once the cognizant MTF is comfortable in proceeding with medical board action, the board shall be completed as expeditiously as possible. For members unable to be transferred from civilian hospitals, request copies of the inpatient record so a physician at the cognizant MTF can complete the medical board based on the information on record. VAMCs are authorized to complete medical board reports for the Services, but if it does not appear this will occur in a timely manner, obtain the inpatient record for completion of medical board report at the cognizant MTF.

(5) MTFs with medical cognizance initiate incapacitation boards when members show impairment of judgment, secondary to a psychiatric disorder, or other conditions (i.e., closed head

injury). A mental incapacitation determination may result from temporary or permanent physical or mental conditions as a result of injury or disease.

(a) An incapacitation board done at a civilian hospital shall be forwarded to the nearest MTF with psychiatric capability for review and endorsement before sending it to the Office of the Judge Advocate General. The board shall be signed by three physicians, one of whom must be a psychiatrist.

(b) The requirement for this incapacitation board is in addition to, and separate from, medical board procedures. Due to pay stoppage, which automatically occurs in the case of these patients, the incapacitation board and member's page 2 of the service record shall be telefaxed immediately upon completion to the:

Office of the Judge Advocate General
200 Stovall Street, Code 323
Alexandria, VA 22332-2400
FAX: Commercial (202) 325-9152 or DSN 221-9152

(c) Send a copy of the incapacitation board results to the naval MTF processing the medical board as soon as complete.

(6) Death-Imminent Medical Board Processing. In cases where death of a member in a nonnaval medical treatment facility is expected within 72 hours, follow the usual procedures for expeditious processing of a death imminent medical board. A disability counselor must first assess whether it is in the best interest of the family for the member to die in a retired status before any processing. If no disability counselor is available, obtain assistance from the PEB at (703) 696-4731. Navy Mutual Aid may also be of assistance in making this determination. They can be reached at 1-800-628-6011. It is currently BUMED's policy to continue to pay the civilian medical bills for members with death-imminent retirements, as long as they survive and remain in the hospital after retirement. Notify BUMED (MED-311) at (202) 762-3143 or DSN 762-3143.

f. Dispositions

(1) Since the ultimate goal for members hospitalized in civilian hospitals is to attain their transfer to a military or DVA medical facility, be sure to involve members and their families early on in the planning process.

(2) It is not uncommon that a patient's needs exceed the capability of care at a VAMC and is recommended for transfer to a civilian rehabilitation facility either in the course of or at the completion of treatment at the VAMC. Requests from members or families to remain at the civilian facility, or to be transferred to another civilian facility (vice military or DVA)

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will not generally be honored but should be discussed on a case-by-case basis with MEDDEN Affairs and BUMED. The following items are required in cases being considered for transfer to a civilian rehabilitation facility:

(a) A signed letter from the member's attending physician requesting the member be transferred to another facility and the reason why.

(b) A plan of care from the new facility.

(c) A cost estimate (daily or monthly rate).

Approvals for civilian rehabilitation are normally granted by a prior approval number given over the telephone with a followup letter to the facility and are issued in 30-day increments, to be renewed 2-3 days before the end of the 30-day period. This renewal or extension can be done by a telephone call to MEDDEN Affairs.

(3) Home Health Care. If a member needs nursing care or support in the home for convalescence, a medical board may or may not be indicated. With increasingly shorter time to recuperate in hospitals, members may need to recover at home and need assistance with wound care, IV antibiotics, etc. Requests for approval of home care will be considered on a case-by-case basis. When approval is granted, care will be authorized in 30-day increments. All requests shall cover the following:

(a) Has the cognizant MTF reviewed the member's case information? Is the member terminally ill (as reported to BUPERS or CMC)?

(b) What is the status of the medical board?

(c) Is there a designated family member to care for the individual at home? Are they properly trained for care of the member?

(d) Has the exact treatment been identified?

(e) What type of treatment or nursing care support is being provided?

(f) Is care being provided by a licensed or accredited agency?

(g) What special equipment is needed (oxygen, pain control devices, hospital bed, etc.)?

(4) When transferring a member to a DVA or military MTF, ensure an accepting physician is obtained even if the patient is being transferred as an outpatient. If the member is being

transferred through the Global Patient Movement Requirements Center (GPMRC) system, the cognizant MTF shall contact the GPMRC at DSN 576-6161 or commercial (618) 256-6211 to make arrangements before the actual transfer. GPMRC assigns a site number to the patient which allows MEDDEN Affairs to pay the transportation costs. If arrangements are not made in advance, this may cause problems and delays in the reimbursement process. All patients arriving in transfer from a nonnaval MTF to a Navy MTF shall be evaluated by a medical officer upon arrival. Do not place a member in a medical holding company, lodge, motel, or BEQ/BOQ without first being medically cleared and documented.

(5) References (g) and (h) provide guidance for reporting and transfer of members who are not be able to return to full duty within 30 to 45 days. The personnel support detachment (PSD) supporting the naval MTF assigns accounting control for Navy personnel while the I-I staff nearest the patient's location assigns accounting control for Marine Corps personnel. The naval hospital with primary cognizance coordinates this action.

g. Post Treatment Disposition. Members who complete treatment before their medical boards are completed or who can complete treatment on an outpatient basis remain under the administrative control of the MTF, with medical cognizance, until final disposition (i.e., the patient is returned to duty or is separated or retired from the service.). While many MTFs are not staffed to provide clinical care to these kinds of patients, i.e., long-term rehabilitation or psychiatric care, administrative control must be maintained to ensure appropriate and expeditious processing which culminates either in return to duty or discharge.

Special Note: MEDDEN Affairs must be notified of the status of these patients (appellate leave, convalescent leave, subsisting out, home awaiting orders, etc.) to maintain continuity of payment if additional medical care is required.

h. Transferring Medical Cognizance. If a member in a nonnaval MTF is transferred from one area of responsibility to another, MEDDEN Affairs, once notified, shall transfer medical cognizance responsibilities. The MTF transferring medical cognizance will contact the MTF receiving medical cognizance and pass all pertinent information regarding members and their course of treatment to date. Every effort shall be made to ensure a smooth transfer. If the cognizant MTF has initiated a medical board, that MTF retains responsibility for the board until its completion and final action by the PEB.

6. Nonnaval Health Care Program Funding Responsibilities

a. Naval MTFs and Dental Treatment Facilities (DTFs).
Supplemental care for active duty Navy or Marine Corps members

includes all inpatient and outpatient care which augments the capability of the MTF or DTF treating the member. If a patient is admitted or treated on an outpatient basis at a naval MTF or DTF, all supplemental care referrals are the financial responsibility of the referring facility, regardless of whether the facility is organized or authorized to provide the needed health care. The cost of such care is chargeable to the appropriation available to the MTF or DTF for the operation of the MTF or DTF requesting the care, regardless of the service affiliation of the member.

(1) An MTF or DTF provider may request health care from civilian sources, if the care requested is necessary for the proper case management and treatment of the service member (i.e., specialized diagnostic tests, consultations, etc.). The cost of that care becomes the responsibility of the referring facility in all cases where the military member crosses the naval MTF or DTF threshold. Their responsibility to pay includes, but is not limited to:

(a) All care Service members receive as part of a contractual agreement between the MTF or DTF and civilian providers.

(b) Ambulance Service the referring MTF or DTF requests for transportation of Service members from their facility to another facility.

(c) All obstetrical and gynecological care for Navy or Marine Corps active duty members residing within 40 miles of the MTF.

Special Note: Maternity care costs of Service women who reside outside a 40-mile radius of a military inpatient facility, will be paid by MEDDEN Affairs with prior approval.


b. MEDDEN Affairs Funding. MEDDEN Affairs is responsible for paying the bills of active duty Navy and Marine Corps members who are hospitalized or treated on an emergency basis, or with prior approval from MEDDEN Affairs, in civilian or DVA MTFs. MEDDEN Affairs is also responsible for the bills incurred as the result of a transfer to a VAMC as part of the sharing agreement with the DVA for treatment of spinal cord, head injury, and blind rehabilitation patients. Civilian and DVA outpatient medical care must be approved in advance by MEDDEN Affairs per reference (k).

7. Action. Commanding officers of MTFs assigned medical cognizance responsibilities shall ensure the provisions of this instruction are followed and the duties properly carried out. These duties are primarily administrative and patient support in nature, however, it may become necessary for the MTF to become involved in the clinical aspects of the members' care. For this

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reason, it is essential that medical cognizance responsibilities be carried out as a team consisting of both administrative and clinical staff. Naval MTF commanding officers and officers in charge must educate their local line commands on what to do should they receive notification of an active duty member in a civilian hospital.

8. Reports. The reporting requirements contained in this instruction are exempt from reports control by reference (1).


S. T. FISHER
Deputy

Available from:
<http://support1.med.navy.mil/bumed/instruct/external/external.htm>

FORMAT FOR REPORTING HOSPITALIZED MEMBERS

Send messages to MEDDEN AFFAIRS GREAT LAKES IL//03//. All messages should provide information copies to the following commands: BUMED Washington DC//311//, BUPERS Washington DC//621//, or CMC Washington DC//MHP-10//, the member's duty station (both receiving and gaining commands in cases of patients under PCS orders) and upper echelon commands, the Navy or Marine Corps regional casualty assistance coordinating command where the member is hospitalized and where the next of kin reside, and the medical liaison's activity.

INITIAL REPORT OF CASE

1. NAME: Last, First, Middle (or initial)
2. SSN
3. RATE/SERVICE: e.g., PFC/USMC, BM2/USN
4. DUTY STATION: List both gaining and receiving commands in cases of members hospitalized while executing PCS orders. Also indicate whether the parent command has been notified of the admission.
5. STATUS AT TIME OF HOSPITALIZATION: e.g., duty, unauthorized absence (UA), deserter, leave, liberty, etc.
6. ADMITTING HOSPITAL AND TELEPHONE NUMBER
7. ADMISSION DATE
8. PHYSICIAN NAME/TELEPHONE(CONDITION/PROGNOSIS/EPOH)
9. NEXT OF KIN NOTIFIED, NAME, ADDRESS, TELEPHONE NUMBER
10. TRANSFER PLANS
11. DIAGNOSIS-ICD-9 CODE

FORMAT FOR UPDATING REPORTS ON HOSPITALIZED MEMBERS

1. NAME AND RATE
2. PATIENT LOCATION
3. DUTY STATION
4. DATE OF ADMISSION
5. MED BD INDICATED (yes or no)
6. DATE NARRATIVE SUMMARY AND COMPETENCY STATEMENT RECEIVED
7. DATE MED BD DICTATED
8. DATE MED BD TYPED
9. LODD REQUESTED (yes or no)
10. MSG DTG TO CMD REQ LODI
11. DATE LODD RECEIVED
12. DATE MED BD MAILED TO PEB
13. DATE PEB REQUEST ADDENDUM
14. DATE ADDENDUM FWD TO PEB
15. DATE FINDINGS RECEIVED
16. FINAL DISPOSITION (e.g., TDRL, PDRL, CONLEAVE, etc.)
17. REMARKS (any other pertinent information)